



City Of Whitewater

Site Plan Review Application Final

112 Questions

1) Site Plan *

26_0608_Whitewater WI_1155 W Main St_PSP.pdf

2) Landscaping Plan *

26_0608_Whitewater WI_1155 W Main St_PSP.pdf

3) Lighting Plan *

26_0608_Whitewater WI_1155 W Main St_PSP.pdf

4) Other Information

Site Plan Application Checklist

SITE PLAN APPLICATION CHECKLIST

Applicant

1. Fill out Planning Request Form and Plan of Operation Form. A digital copy of all submittal material:

- a. Application Forms
- b. Landscape plan indicating location, type and size of materials (Please review Landscaping Guidelines)
- c. Stormwater and Erosion Control Applications (separate applications)
- d. Lighting (Photometric) Plan

- e. And any other materials
- 2. Application shall include the following Plan requirements:
 - a. All plans shall be drawn to scale and show all sides of the proposed building.
 - b. All plans will exhibit property exterior building materials and colors to be used.
 - c. All plans will exhibit proposed/existing off-street parking stalls and driveway/loading docks.
 - d. Building elevations must include the lot on which the structure is to be built and the street(s) adjacent to the lot.

3. Submit fee to the City of Whitewater.

City Building Inspector/Zoning Administrator

1. Review application for accuracy and all required information

2. Staff will review information for conformance to Ordinances.

3. Engineer will review Stormwater and Erosion Control Plans

4. Landscape Plan will be reviewed Urban Forestry Commission

5. When application is complete and approved by all Staff it will then be forwarded to Plan Commission

Process

1. Plan Commission considers applicant's request and staff review is presented by Zoning Administrator, at the first initial appearance. If Plan Commission recommends changes and/or revisions, then the applicant must revise site plan, otherwise the matter is forwarded as is for the second appearance for approval/denial of the final site plan.

NOTE: Plan Commission normally meets the second Monday of each month at 6:00 p.m. If a public hearing is required, it will be scheduled at the beginning of the Plan Commission meeting.

Urban Forestry Commission normally meets the fourth Monday of the month at 5:30

p.m.

Llana Dostie, Zoning Specialist

262-473-0144

ldostie@whitewater-wi.gov

Allison Schwark, Zoning Administrator

Municipal Code Enforcement

262-249-6701

mcodeenforcement@gmail.com

5) Parcel Tax Key

6) Project Address *

1155 W Main St, Whitewater, WI 53190

7) Project Title (if any):

Applicant, Agent & Property Owner Information

8) Applicant's Name *

Jon Thoresen

9) Applicant's Company *

[REDACTED]

10) Address *

[REDACTED]

11) City *

[REDACTED]

12) State *

[REDACTED]

13) Zip Code *

[REDACTED]

14) Phone number *

[REDACTED]

15) Email Address *

16) Agent's Name

17) Agent's Company

18) Address

19) City

20) State

21) ZIP code

22) Phone Number

23) Email

24) Owner's Name (if Different from applicant)

25) Address

26) City

27) State

28) Zip Code

29) Phone Number

30) Email Address

31) Planning Request (check all that apply) *

☐ Site plan Review \$150.00 plus \$0.05 per sq. ft.

☐ Conditional Use Permit \$275.00

☐ Rezone/Land Use Amendment \$400.00

☐ Planned Unit Development \$500.00

☐ Preliminary Plat \$175.00

☐ Final Plat \$225.00

☐ Certified Survey Map \$200.00 plus \$10.00 per lot

☒ Project Concept Review \$150.00

☐ Joint Conditional Use & Certified Survey Map \$500.00 plus \$10.00 per lot

☐ Joint Rezoning & Certified Survey Map \$500.00 plus \$10.00 per lot

☐ Joint Site Plan & Conditional Use \$300.00 plus \$0.05 per sq. ft. (Floor Area)

☐ Board of Zoning Appeals/Adjustment \$300.00

32) Will translation services be needed during the Plan Board meeting?* *

Yes

No

33) If Yes, please specify the language required.

Specific Project Information

34) Current Zoning District(s): *

35) Proposed Zoning District

36) Current Land Use: *

Commercial/Retail

37) Proposed Land Use

Retail

38) Gross Site Area *

21,730 sf

39) Current Number of Lots *

2

40) Proposed number of Lots *

1

Plan of Operations/ Property Information

New Business Use/Operation Information

41) Previous Use of Space *

42) Hours of Operation (Weekdays) *

5:30 am - 10 pm

43) Description of Business Use or Operations *

Drive-thru coffee shop

44) Hours of Operations (Weekends) *

5:30 am - 11 pm

45) Total Area Space (SQF) *

510 sf

46) # of Full Time Employees *

1, manager

47) # Toilet Fixtures *

1

48) # of Part Time Employees *

+/- 70 part time employees

49) Customer Seating *

Yes

No

50) Total Employee Hours Per Year (including yourself if self-employed) *

TBD

51) Seating Capacity *

0

52) Sprinkler System *

Yes

No

53) Hazardous/Flammable Chemicals Used/Stored *

Yes (Must attach MSDS Sheets)

No

Specified Use of Property and Building(s)

54) Building A *

55) Building B

56) BuildingC

57) Will there be any problems resulted form this operation such as: (Check all that apply) *

☐ Odors

☐ Smoke

☐ Noise

☐ Light

☐ Vibrations

☒ None

Parking

58) Parking lot construction *

Asphalt

Concrete

59) Dimension of parking lot *

20' x 60'

60) Number of Spaces available *

9-11

61) Type of Screening *

Fencing

Plantings

62) Is employee parking included in (number of spaces available"? *

Yes

No

Signage (Separate Sign Permit Application Needed)

63) Type (Check all that apply) *

☐ Free standing

☐ Monument

☐ Projecting

☒ Awning/Canopy

☐ Electronic Message

☐ Pylon

☐ Arm/Post

☒ Window

☐ Mobile/Portable or Banner

☐ None

☐ Other

64) If other describe

65) Location of Signs *

On the facade of the building

Entertainment

66) Is there any type of music in this proposal?

*

Yes (Separate License from Clerk's office Required)

No

67) When will this be offered to customers *

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

☒ None

68) Live *

Yes

No

69) What time(s) will this be offered *

N/A

Outdoor Lighting

70) Type *

LED

71) Location *

Utilities

72) Will you be connected to City (Check all that apply) *

Water

Sewer

73) Is there a private well on-site *

Yes

No

74) Types of Refuse Disposal *

Municipal

Private

75) Approval Date by the Department of Natural Resources for the well proposed use

76) Approval Date by the County Health Department for existing septic system

77) What types of sanitary facilities are to be installed for the proposed operation *

1 private restroom for employees only

78) Surface Water drainage facilities (describe or include in site plan) *

N/A

Licenses/Permits

79) Is a highway access permit needed from the State, County or local Municipality? *

Yes

No

80) Is a cigarette license required? (Separate license from Clerk's Office Required) *

Yes

No

81) Is a liquor license required? (Separate license from Clerk's Office required) *

Yes

No

82) Did Wisconsin Department of Safety and Professional Services Division of Industry Services approve building plans *

Yes

No

83) Permitted Property Uses (Check Uses you are apply for) *

☐ Single Family Dwelling

☐ Two Family Dwelling

☐ Modular Home

☐ Manufactured Home

☐ Second or greater wireless telecommunication facility

☐ Multi-Family Dwellings

☐ Art, Music, and School supply stores and galleries

☐ Antique, collectible and hobby craft stores

☐ Automotive and related parts stores, without servicing

☐ Hotel and Motels

☐ Small appliance repair stores, computer or software sales and service

☐ Banks and other financial institutions without drive thru facilities

☐ Camera and photographic supply stores

☐ Caterers

☐ Clothing, shoe stores and repair shops

☐ Clinics medical and dental

☐ Department Stores

☐ Drug Stores

☐ Florist Shops

☒ Food and convenience stores without gasoline pumps

☐ Furniture stores

84) Signatures By signing below, I certify that the above information is true and accurate account of the information requested for my business site and its operation and use. *

Should an inspection be required, I agree to all the Inspector(s) reasonable access to the space to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this or its approval does not preclude me from complying with all applicable State Statutes or Municipal Ordinances regarding my business and its lawful operations.

Signature

I understand that my typed signature is the legal equivalent of my handwritten signature on this document.

Certificate of Completion

Agreement information

Question: Signatures By signing below, I certify that the above information is true and accurate account of the information requested for my business site and its operation and use.

Description: Should an inspection be required, I agree to all the Inspector(s) reasonable access to the space to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this or its approval does not preclude me from complying with all applicable State Statutes or Municipal Ordinances regarding my business and its lawful operations.

Signer Events

Name: Jon Thoresen

Security level: Email, Account authentication

Signature

Signed by: Jon Thoresen

Signature adoption: Pre-selected style

Using IP Address: 174.224.245.164

Timestamp

Sent: 14/01/2026 07:21:56 PM

Viewed: 15/06/2026 02:14:14 AM

Signed: 15/06/2026 06:55:20 PM

Electronic Record and Signature Disclosure

Accepted: 15/06/2026 04:21:54 PM

ID: 9f4e5349-e85c-41b9-852f-4f4404698916

85) Date *

14/06/2026 12:00:00 AM

Cost Recovery Certificate and Agreement

Pursuant to Ordinance 19.74.010 and 16.04.270 of the City of Whitewater Municipal Code

The undersigned applicant hereby acknowledges and agrees to be bound by Ordinances 19.74.010 and 16.04.270 of the City of Whitewater Municipal Code, providing for city recovery of all city costs and disbursements incurred directly or indirectly related to the Applicant's request. All costs incurred by the city in the consideration of any requests by the Applicant related to the Applicant's request shall be recoverable, including but not limited to, all professional and technical consultant services and fees retained by the city and rendered in review of any application, including the engineer, planner, attorney, or any other professional or expert hired by the village for purposes of review of the application or pre-submission request. The Applicant agrees to reimburse the City for all costs recoverable pursuant to the terms of the above numbered ordinance within the

time period set forth by the City of Whitewater Municipal Code. At no time shall any cost recoverable fees be waived, except through the process of a written request by the Applicant and the Common Council, review and evaluation by the Common Council, and official action taken by the Common Council.

PROJECT INFORMATION

86) PROJECT LOCATION *

1155 W. Main St, Whitewater, WI

87) PROJECT NAME *

Proposed 7 Brew

APPLICANT INFORMATION

88) NAME

89) MAILING (BILLING) ADDRESS *

[REDACTED]

90) PHONE *

[REDACTED]

91) EMAIL ADDRESS *

[REDACTED]

ATTORNEY INFORMATION

92) NAME

93) PHONE

94) EMAIL ADDRESS

RATES

City Administration Hourly Rate Shall Not Exceed

Director of Community Development: Mason Becker \$59.53

Director of Public Works: Brad Marquardt \$79.73

Director of Finance: Rachelle Blitch \$72.71

Clerk: Heather Boehm \$43.91

Deputy Clerk: Tiffany Albright \$29.64

Zoning Specialist Llana Dostie \$41.70

City Attorney

Attorney Steven Cheseboro \$89.41

City Engineer

Strand and Associates \$247.63

Primary Contact: Mark Fischer

City Planner and Zoning Administrator

Primary Contact: Allison Schwark \$50.00

Note to Applicant:

The City Engineer, Attorney and other City professionals and staff, if requested by the City to review your request, will be billed for their time at an hourly rate which is adjusted from time to time by agreement with the City. Please inquire as to the current hourly rate you can expect from this work. In addition to these rates, you will be asked to reimburse the City for those additional costs set forth in 19.74.10 and 16.04.270 of the Municipal Code